2939315906721 9

00		F	Exempt Organization Business Income Tax Return	L	OMB N	lo 1545-068	87			
Form <b>99</b>	U-	_	(and proxy tax under section 6033(e))							
i		r cala	ndar year 2018 or other tax year beginning, 2018, and ending, 20		2	<b>018</b>	1			
Department of		or care	► Go to www.irs.gov/Form990T for instructions and the latest information.							
Internal Reven		▶ Do r	not enter SSN numbers on this form as it may be made public if your organization is a 501(o			blic Inspecti rganizations				
Check	box if					fication nur				
B Exempt und	der section -		BRIGHAM YOUNG UNIVERSITY - IDAHO	(Emplo	yees' trust	, see instruct	tions)			
<b> I I I I I I I I I </b>		Print^	Number, street, and room or suite no. If a P.O. box, see instructions		82-020	7699				
408(e)	<u> </u>	or Vpe	<b>—</b>		ted busine	ess activity o	code			
☐ 408A	530(a)	ype	City or town, state or province, country, and ZIP or foreign postal code	(See in	nstructions	)				
529(a)			REXBURG, ID 83460		7223	20				
C Book yalue at end of y	of all assets		oup exemption number (See instructions.) ▶							
u ,	G Check organization type ▶ ✓ 501(c) corporation □ 501(c) trust □ 401(a) trust □ Other									
H Enter t	he number of	the c	rganization's unrelated trades or businesses. ▶ 2 Describe	the on	ly (or firs	t) unrelate	ed			
	r business he									
first in	the blank spa	ace a	t the end of the previous sentence, complete Parts I and II, complete a Sch	nedule	M for e	ach addit	tional			
trade o	r business, th	nen c	omplete Parts III-V.							
I During	the tax year, w	as the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled gro	up? .	. ▶ 🗀	Yes 🗌	No			
If "Yes,	," enter the na	ame a	and identifying number of the parent corporation. ▶ 23-7300405							
J The bo	oks are in car	re of l	Jeremy Hall Telephone number	<b>&gt;</b>	208	-496-1971				
Part I	Unrelated 1	Trad	e or Business Income (A) Income (B) Expe	enses		(C) Net				
<b>⊟</b> 1a Gro	oss receipts o	r sale	s <u>305,894</u>		1		. !			
	s returns and allo	wance	s c Balance ▶ 1c 305,894							
Cos	st of goods so	old (S	chedule A, line 7)							
T3 Gro	ss profit. Sub	otract	line 2 from line 1c							
Gara Car	pital gain net i	incon	ne (attach Schedule D) 4a							
	gain (loss) (Fe	orm 4	797, Part II, line 17) (attach Form 4797) 4b							
Q c Car	oital loss dedi	uction	n for trusts 4c			I				
			nership or an S corporation (attach statement) 5							
<b>≥</b> 6 Rer		-	le C) 6							
			ed income (Schedule E)							
8 Inter			and rents from a controlled organization (Schedule F) 8							
,	-		tion 501(c)(7), (9), or (17) organization (Schedule G)							
			vity income (Schedule I) 10							
	•		chedule J)							
	_	•	ructions; attach schedule) 12							
			3 through 12							
Part II	Deductions	Not	Taken Elsewhere (See instructions for limitations on deductions.) (Excep	ot for c	ontribu	tions,				
			be directly connected with the unrelated business income.)							
14 Cor	mpensation o	f offic	ers, directors, and trustees (Schedule K)	1.	4					
15 Sala	aries and wag	ges		1:	5	36,146				
<b>16</b> Rep	pairs and mair	ntena	nce	1	6	5,556				
17 Bac	d debts .			1	7	374				
18 Inte	erest (attach s	ched	ule) (see instructions)	18	8					
<b>19</b> Tax	es and licens	es.		1	9					
<b>20</b> Cha	arıtable contri	butio	ns (See instructions for limitation rules)	2	0					
<b>21</b> Dep	oreciation (atta	ach F	orm 4562)							
<b>22</b> Les	s depreciation	n cla	med on Schedule A and elsewhere on return 22a-	22	2b	İ				
<b>23</b> Dep	oletion		red compensation plans RECEIVED	2	3					
<b>24</b> Cor	ntributions to	defer		2	4					
<b>25</b> Emp	ployee benefi	t pro	grams $\sqrt{\sqrt{2}}$	2	5	30,115				
			ses (Schedule I)	2	6					
	•		sts (Schedule J)	2	7					
		-		2	8	55,519				
		•	d lines 14 through 28 OGDEN; UT	2	9	128,425				
<b>30</b> Unr	elated busine	ss ta	cable income before net operating loss deduction. Subtract line 29 from line 13		0					
			ting loss arising in tax years beginning on or after January 1, 2018 (see instructions		1	5				
			xable income. Subtract line 31 from line 30	3:	2	-17,032				

5



Form 99	90-T (2018			Page <b>2</b>
Part	m r	otal Unrelated Business Taxable Income		
33	Total c	f unrelated business taxable income computed from all unrelated trades or businesses (see		
	ınstruc	tions)	33	-146,822
34	Amour	ats paid for disallowed fringes	34	0
35	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see		
	ınstruc	tions)	35	0
36		f unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines	: 33 and 34	36	-146,822
37	Specifi	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	-1,000
38		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
		ne smaller of zero or line 36	38	0
Part		ax Computation		
39		zations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	00
40		Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the am	ount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	40	0
41	_	tax. See instructions	41	0
42		tive minimum tax (trusts only)	42	0
43		Noncompliant Facility Income. See instructions	43	0
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	ი
Part		ax and Payments	·	
45a		tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a 0	<b>- 1888</b>	<u> </u>
b		credits (see instructions)		j
C		ll business credit. Attach Form 3800 (see instructions)		
d		for prior year minimum tax (attach Form 8801 or 8827)		
е		redits. Add lines 45a through 45d	45e	
46		ct line 45e from line 44	46	0
47		xes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	0
48		ax. Add lines 46 and 47 (see instructions)	48	0
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	O
50a	-	nts: A 2017 overpayment credited to 2018		
b		stimated tax payments	-  <b>       </b>	
C		posited with Form 8868	-	
d	_	organizations: Tax paid or withheld at source (see instructions)	-	
e •	-	· · · · · · · · · · · · · · · · · · ·	- <b>  </b>	
f ~	Other	for small employer health insurance premiums (attach Form 8941) . 50f 0 credits, adjustments, and payments:	- -	
g	☐ Form			
51		n 4136   Other   1 otal ▶   50g   0   0	51	
52		ted tax penalty (see instructions). Check if Form 2220 is attached	52	
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54		syment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	54	0
55		e amount of line 54 you want Credited to 2019 estimated tax FRefunded FRefunded	55	0
Part		tatements Regarding Certain Activities and Other Information (see instructions)	7 00	
56		time during the 2018 calendar year, did the organization have an interest in or a signature or o	ther auth	ority Yes No
00		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo		
	here ▶		Ū	
57	Dunna t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?	
	•	see instructions for other forms the organization may have to file.	J	
58		ne amount of tax-exempt interest received or accrued during the tax year > \$		o
-	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be		owledge and belief, it is
Sign	true, c	prect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		RS discuss this return
Here	1/6	5/20/19 FINANCIAL REPORTING OFFICER	with the p	preparer shown below
		re of officer Date Title	(see mst/U	ctions)?
Paid		Print/Type preparer's name Preparer's signature Date Ci	neck 🔲 if	PTIN
r aid Prepa	aror		If-employed	1
-	- 1	Firm's name ▶ Fir	m's EIN ▶	
Use (	וווע	Firm's address >	one no	<del></del> -

Page	3
raye	•

		_								
Sche	dule A'-Cost of Goods Sol	d. Ente	r method of i	nventory	valuation >					
1	Inventory at beginning of year	1		0 6	Inventory	at end of year	6		0	
2	Purchases	2	273,84	1 7	7 Cost of	goods sold. Subtra	ct 💮			
3	Cost of labor	3	84,95	8	line 6 fron	n line 5. Enter here ar	nd			
4a	Additional section 263A cos	ts			in Part I, li	ne 2	7	35	8,799	
	(attach schedule)	4a			B Do the ru	les of section 263A	(with resp	ect to	Yes	No
b	Other costs (attach schedule)	4b				produced or acquired				
5	Total. Add lines 1 through 4b	5	358,79	9		anızatıon?				✓
Sche	dule C-Rent Income (Fron	n Real	Property and	d Persor	nal Property	Leased With Real F	oroperty)			
(see	instructions)		<del></del> _							
1. Desc	ription of property			_						
(1)										
(2)										
(3)					<del></del>					
(4)										
	2. Hent	received	or accrued			<u> </u>				
	om personal property (if the percentage o personal property is more than 10% but r more than 50%)		(b) From real a percentage of rent 50% or if the rent	for personal	property exceeds	3(a) Deductions dire in columns 2(a)				е
(1)		_	· · · · · · · · · · · · · · · · · · ·							
(2)										
(3)										
(4)										
Total		To	otal			(h) Total deductions				
	al income. Add totals of columns 2	(a) and 2	(b). Enter			(b) Total deductions  Enter here and on pa				
here ar	nd on page 1, Part I, line 6, column (	À) .	<u>``▶</u>			Part I, line 6, column				
Sche	dule E-Unrelated Debt-Fin	anced	Income (see	instruction	ons)					
	Description of debt-finance	d property	,	Gross income from or allocable to debt-financed property		Deductions directly connected with or allocable debt-financed property				
	·	, , ,				(a) Straight line depreciation (b) Other deduct (attach schedule) (attach schedule)				3
(1)										
(2)										
(3)										
(4)			<del> </del>							
	acquisition debt on or	of or allo	ed property	4	. Column 4 divided 7 column 5	7. Gross income reportab (column 2 × column 6)		llocable de in 6 × total 3(a) and 3	of colu	
(1)					%					
(2)					%					
(3)					%					
(4)					%					
						Enter here and on page Part I, line 7, column (A		nere and o		
Totals Total c	lividends-received deductions ıncl	 uded in c	column 8	 . <u></u> .	<b>.</b>		<b>&gt;</b>		_	

Schedule	e F-Interest, Ann	uities,	Royalties,	and Rer	nts From	Controlled Org	g <mark>anizations</mark> (se	e instru	ctions)	
	<del></del>			Exempt	Controlled	Organizations				
1. N	lame of controlled organization		Employer scation number		elated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's great transfer in the corganization of the corganization of the corganization of the column in the column	controlling	conn	eductions directly ected with income in column 5
(1)						1				
(2)									<del>                                     </del>	
(3)										
(4)										
Nonexem	pt Controlled Organiz	ations								
		Net unrelated income oss) (see instructions)			9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly cted with income in column 10	
(1)										
(2)										
(3)										
(4)										
Totals .	<u></u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A)	Enter I Part I	columns 6 and 11 nere and on page 1, line 8, column (B)
Schedul	e G-Investment I	ncom	e of a Secti	ion 501			zation (see inst	tructions		
1. Description of income		2. Amount of	income	dire	Deductions ctly connected ach schedule)	4. Set-asides (attach schedule)		and s	otal deductions et-asides (col. 3 plus col. 4)	
(1)										
(2)										
(3)										
(4)										
		Enter here and Part I, line 9, c				Enter here and on page Part I, line 9, column (B)				
Schedule	e I-Exploited Exe	mpt A	Activity Inco	me, Ot	her Than	Advertising In	come (see inst	ructions	s)	
Description of exploited activity		2. Gross unrelated business incor from trade or business			4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)										
Totals .		•	Enter here and page 1, Part I line 10, col (A	i, pag	here and on ge 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26
	e J-Advertising I	ncom	e (see instruc	tions)		<del></del>	<del></del>			<del></del>
Part I	Income From P				Consoli	dated Basis	<del></del>			
		<del></del> -	2. Gross		3. Direct	4. Advertising gain or (loss) (col	5. Circulation	6 Rea	darshin	7. Excess readership costs (column 6
1. Name of periodical		advertising income		rtising costs	2 minus col 3), if a gain, compute cols 5 through 7	income	6. Readership costs		minus column 5, but not more than column 4)	
(1)										]
(2)						]				]
(3)						]				]
(4)										
Totals (carr	y to Part II, line (5))	. ▶								

Part II Income From Periodi 2 through 7 on a line-b	•	on a Separat	e Basis (For ea	ch periodical l	isted in Part I	l, fill in columns
1. Name of penodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						<u></u>
(4)						<u> </u>
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						
Schedule K—Compensation of	Officers, Direc	tors, and Trus	<b>stees</b> (see instru			
1. Name	2	2. Title 3. Percent of time devoted to business			4. Compensation attributable to unrelated business	
(1)				9	6	
(2)				9	6	
(3)				9	6	
(4)				9	6	
Total. Enter here and on page 1, Part II, IIr	ne 14				<b>▶</b>	

Form **990-T** (2018)

Brigham Young University-Idaho EID. 82-0207699 2018 Form 990-T Attached Schedule for Line 28 Catering (722320)

## Other Deductions

Supplies	\$ 22,689 <i>&lt;</i>
Printing	-
Telephone	220
Postage	-
Advertising	167⁄
Professional Development	199
Bank Charges	8,542/
Admin. Overhead	-
Facilities Rental	11,570~
Vehicle Rental	503
Laundry	2,683/
Miscellaneous	8,946

Total Other Deductions (line 28) \$ 55,519

Brigham Young University-Idaho EID. 82-0207699 2018 Form 990-T Attached Schedule for Line 28 Retail Sales (450000)

## Other Deductions

\$	-
	-
	-
	-
	-
	-
	-
4	13,338 🖊
	_
	-
	- ,
•	17,511
\$ 6	50,849
	1

2018 Line 28.xlsx 5/17/2019

## **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Internal F	Revenue Service Do not enter SSN numbers on this form as it may be	made	public if your organiz		•	c)(3) Organizations Or	nly	
Name of	the organization			Employer Ident	ification	number		
	AM YOUNG UNIVERSITY - IDAHO			<u> </u>	8 <u>2-020</u>	7699		
	related business activity code (see instructions) ▶ 450000							
De	scribe the unrelated trade or business RETAIL SALES			<del>-,</del>	—			
Part	Unrelated Trade or Business Income		(A) Income	(B) Expense	enses (C) N		et	
1a	Gross receipts or sales 279,804						-	
ь	Less returns and allowances c Balance ▶	1c	279,804	J	11		_[	
2	Cost of goods sold (Schedule A, line 7)	2	164,298		$\vdash$		!	
3	Gross profit. Subtract line 2 from line 1c	3	115,506	<u> </u>	$\vdash$			
4a	Capital gain net income (attach Schedule D)	4a		<u> </u>				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		<u> </u>			_	
С	Capital loss deduction for trusts	4c			<b> </b>			
5	Income (loss) from a partnership or an S corporation (attach	{			}	1		
_	statement)	5		<u> </u>	$\vdash$			
6	Rent income (Schedule C)	6		<del> </del>	<b>├</b> ─┤			
7	Unrelated debt-financed income (Schedule E)	7		- <del> </del>	<b>  </b>			
8	Interest, annuities, royalties, and rents from a controlled	] _ ]	}		] ]			
_	organization (Schedule F)	8		<u> </u>	<b>├</b>			
9	Investment income of a section 501(c)(7), (9), or (17)							
40	organization (Schedule G)	9	<del></del>	<del> </del>	{	<del></del>		
10	Exploited exempt activity income (Schedule I)	10	<del></del>	<del> </del>	$\vdash$		—	
11	Advertising income (Schedule J)	11 12	<del></del>	<del> </del>	$\vdash$		—	
12 13	Total. Combine lines 3 through 12	13		<del> </del>	╁╌┼	—	—	
		13				<del></del>	—	
Part	Deductions Not Taken Elsewhere (See instructions for deductions must be directly connected with the unrelate			ons.) (Except fo	or con	tributions,		
	——————————————————————————————————————	- Dus						
14	Compensation of officers, directors, and trustees (Schedule K)				14			
15	Salaries and wages				15	184,447		
16	Repairs and maintenance				16			
17	Bad debts				17			
18	Interest (attach schedule) (see instructions)				18			
19	Taxes and licenses				19			
	Charitable contributions (See instructions for limitation rules) .				20			
21	Depreciation (attach Form 4562)					]		
22	Less depreciation claimed on Schedule A and elsewhere on re-				22b			
23	Depletion				23			
	Contributions to deferred compensation plans				24			
25	Employee benefit programs				25			
26	Excess exempt expenses (Schedule I)				26			
27	Excess readership costs (Schedule J)				27			
	Other deductions (attach schedule)				28	60,849		
	Total deductions. Add lines 14 through 28				29	245,296		
	Unrelated business taxable income before net operating loss d				30	-129,790	_	
	Deduction for net operating loss arising in tax years beginning				<del></del>  .		_	
	instructions)				31		_	
32	Unrelated business taxable income. Subtract line 31 from line 3	<u> 3U .</u>	<u></u>	<u> </u>	32	-129,790		